

# VILLAGE OF IRVINGTON

## BUILDING DEPARTMENT

85 MAIN STREET

IRVINGTON, NEW YORK 10533

TEL: (914) 591-8335 • FAX: (914) 591-5870

WWW.IRVINGTONNY.GOV

1/13/2006



## BLASTING PERMIT

### REQUIREMENTS FOR OBTAINING A BLASTING PERMIT:

The following items must be submitted in order to obtain a Blasting Permit:

1. This completed application (completed in ink or typewritten);
2. Survey showing blasting location;
3. Summary of reasons for blasting (if there are no alternatives to blasting);
4. Certificate of Insurance for comprehensive public liability insurance for all property damage and personal injury by blasting including Indemnification as required;
5. Copy of Blaster's License;
6. Affidavit from pre-blast survey company indicating surveyed parties;
7. Affidavit of mailing from applicant.

Location: No. \_\_\_\_\_ Street \_\_\_\_\_ Zip Code \_\_\_\_\_

Sheet: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Parcel: \_\_\_\_\_

Name of Registered Surveyor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ NYS License No. \_\_\_\_\_

Name of Registered Blasting Company: \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_

NYS Explosives License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

NYS Blaster Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Address: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I HAVE RECEIVED A COPY OF THE BLASTING LAW, LOCAL LAW NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

STATE OF NEW YORK }  
COUNTY OF WESTCHESTER }  
TOWN OF \_\_\_\_\_ }

SS:

I hereby dispose and say that all the statements contained in the papers submitted herewith are true.

Sworn to before me this \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public

OWNER: \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

AFFIDAVIT OF OWNERSHIP

STATE OF NEW YORK }  
COUNTY OF WESTCHESTER } SS:  
TOWN OF \_\_\_\_\_ }

I \_\_\_\_\_ being duly sworn, deposes and say  
(Print Name of Owner)

that he/she resides at \_\_\_\_\_ Town of \_\_\_\_\_, County of \_\_\_\_\_

\_\_\_\_\_, State of \_\_\_\_\_ is the owner in fee of all that  
certain lot, piece or parcel of land, situated, lying and being in the Village of Irvington, referred to in this application, and  
designated on the Tax Map in the Village of Irvington as Sheet \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ of  
the Village of Irvington, and that he/she is authorized in his/her behalf this application.

Sworn to before me this \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Notary Public

**Fee of \$350 to be paid upon application filing**

**Paid** \_\_\_\_\_ **Check #:** \_\_\_\_\_

**Blasting permit valid for 30 calendar days:**

**Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**NO BLASTING SATURDAY, SUNDAY OR WHEN TOWN HALL IS CLOSED.  
PERMITTED BLASTING HOURS 9:30AM-4:00PM.**

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Office Use Only

Building Inspector:

Date Examined: \_\_\_\_\_

Application #: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Permit #: \_\_\_\_\_

Date Disapproved: \_\_\_\_\_